

## **Outline of Contents FILING FORMS**

1. [Compliance Certification \(N.B.--required with all submissions\)](#)
2. [Rate Filing Abstract, pages 1-2](#)
3. [Loss Cost Adoption, pages 1-7](#)
4. [Consent to Rate, page 1](#)
5. [Restriction of Coverage \(not filed at the DOI\), pages 1-2](#)
6. [Deviation Abstract, pages 1-2](#)
7. [Independent Program Abstract, page 1](#)
8. [Bureau Compatible Programs, pages 1-2](#)

## **COMPLIANCE CERTIFICATION**

As the representative of \_\_\_\_\_ (the "Company"), duly authorized by the Company to give this Certification on its behalf, I hereby certify on the Company's behalf, under the pains and penalties of perjury, that the enclosed

\_\_\_\_\_ has met all the requirements of the Massachusetts  
(insurer file number)

Division of Insurance checklist(s) applicable thereto, and is otherwise in all respects in compliance with all relevant Massachusetts law and regulations.

Signature: \_\_\_\_\_

Name (print or type): \_\_\_\_\_

Title: \_\_\_\_\_

**SRB - RA - 1 (07/01)**  
**MASSACHUSETTS DIVISION OF INSURANCE**  
**RATE FILING ABSTRACT**

COMPANY

NAIC ID

_____	_____
_____	_____
_____	_____

A. ANNUAL STATEMENT LINE OF INSURANCE REPORTED UNDER: \_\_\_\_\_

B. SUBLINE OF INSURANCE: \_\_\_\_\_

C. COMPANY PROGRAM NAME AS FILED: \_\_\_\_\_

D. LATEST YEAR MASSACHUSETTS DIRECT WRITTEN PREMIUM FOR (B.) ABOVE: \_\_\_\_\_

1. OVERALL RATE LEVEL CHANGE (+/-):

Formula Indicated: \_\_\_\_\_ Proposed/Selected: \_\_\_\_\_

2. RATE LEVEL HISTORY FOR THIS PROGRAM, LINE OR SUBLINE:

YEAR	% CHANGE (begin with most recent revision)
------	--

_____	_____
_____	_____
_____	_____
_____	_____

3. NUMBER OF EXPERIENCE YEARS ANALYZED \_\_\_\_\_

4. CREDIBILITY STANDARDS / METHODS USED:

\_\_\_\_ By Experience Year - % credibility given most recent year \_\_\_\_\_  
\_\_\_\_ Massachusetts versus Countrywide - % credibility given Massachusetts \_\_\_\_\_  
\_\_\_\_ Other (specify) \_\_\_\_\_

5. HAVE PREMIUMS/EXPOSURES BEEN TRENDED? \_\_\_\_ YES \_\_\_\_ NO

ARE PREMIUMS ADJUSTED TO CURRENT LEVEL? \_\_\_\_ YES \_\_\_\_ NO

BRIEF EXPLANATION \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. METHOD USED FOR LOSS TRENDING \_\_\_\_\_

ANNUAL RATE OF CHANGE \_\_\_\_\_ ASSUMED EFFECTIVE DATE \_\_\_\_\_

TREND FACTORS DERIVED: (begin with latest experience year)

YEAR	TREND FACTOR
_____	_____
_____	_____
_____	_____

**SRB - RA - 1 (07/01)**  
**MASSACHUSETTS DIVISION OF INSURANCE**  
**RATE FILING ABSTRACT**

7. HAVE LOSSES BEEN DEVELOPED? \_\_\_\_ YES \_\_\_\_ NO  
\_\_\_\_ Massachusetts-only data \_\_\_\_ Countrywide-only data \_\_\_\_ Both

LOSS DEVELOPMENT FACTORS USED (begin with latest year)

YEAR	MATURITY	FACTOR-ULTIMATE
------	----------	-----------------

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. WHAT UNTRENDED, EXPECTED LOSS RATIO IS USED? \_\_\_\_\_

9. EXPENSES ARE BASED ON: \_\_\_\_ MASSACHUSETTS DATA \_\_\_\_ COUNTRYWIDE DATA

10. LIST EACH EXPENSE PROVISION AND INDICATE WHETHER TREATED AS FLAT OR AS VARIABLE PROVISION:

General Expense	_____ , _____
Commissions/Brokerage	_____ , _____
Other Acquisition	_____ , _____
Taxes, Licenses, Fees	_____ , _____
Other (explain)	_____ , _____
Underwriting Profit	_____ , _____

13. HAS INVESTMENT INCOME BEEN EXPLICITLY REFLECTED IN THE FILING?

\_\_\_\_ YES \_\_\_\_ NO: METHOD/MODEL USED \_\_\_\_\_

14. WHAT LOSS ADJUSTMENT EXPENSE FACTORS (% OF LOSS) ARE USED?

ALLOCATED \_\_\_\_\_ UNALLOCATED \_\_\_\_\_

15. DESCRIBE ANY CHANGES IN COVERAGE SINCE LAST RATE/LOSS COST CHANGE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

PERSON COMPLETING THIS ABSTRACT \_\_\_\_\_

(print)

TITLE \_\_\_\_\_ TELEPHONE # \_\_\_\_\_ E-MAIL \_\_\_\_\_

OFFICER IN CHARGE/TITLE \_\_\_\_\_

(print)

OFFICER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## II. Loss Cost Filings

Information regarding Loss Cost filings, including forms, is included in SRB Bulletin 90-05, the complete text of which is set forth below.

December 27, 1990

### SRB BULLETIN 90-05

TO: **ALL COMPANIES LICENSED IN THE COMMONWEALTH OF MASSACHUSETTS TO WRITE PROPERTY AND CASUALTY INSURANCE**

FROM: Timothy H. Gailey, Commissioner of Insurance

RE: **INSURANCE RATING ORGANIZATIONS: IMPLEMENTATION OF LOSS COSTS FILING PROCEDURES**

The enclosed document specifies the framework under which rating organizations and insurers participating in such organizations may operate in Massachusetts in a loss cost system. This bulletin discusses rates, rating rules, relativities and supplementary rating information for all property and casualty lines of insurance except:

1. Automobile Insurance - private passenger
2. Workers' compensation insurance.
3. Residual markets.

Pursuant to the provisions of M.G.L. Chapters 174A and 175A and the framework specified in this document, rating organizations may elect to no longer develop or file advisory final rates. Instead they may develop and file advisory prospective loss costs and supporting actuarial and statistical data. It will be incumbent on each individual insurer using advisory loss costs or other supporting actuarial and statistical data to determine and file the rates it will use. Rating organizations may continue to develop and file rules, relativities and supplementary rating information on behalf of their participating insurers.

Nothing in the enclosed document should be construed to require rating organizations or their participating insurers to refile rates previously implemented, or, to implement prospective loss cost rating methodology. Any participating insurer is authorized to continue to use all rates and deviations filed for its use until (1) they are disapproved or expire; or (2) an insurer makes its own filing to change its rates by (a) making an independent filing, (b) filing a reference filing adoption form adopting a rating organization's prospective loss costs, or modification thereto, or (c) adopting a rating organization's approved set of final rates, or filing to deviate from these rates.

Very truly yours,

Timothy H. Gailey  
Commissioner of Insurance

Enclosure

**COMMONWEALTH OF MASSACHUSETTS - DIVISION OF INSURANCE  
BULLETIN SRB 90-05**

**PROPERTY AND CASUALTY INSURANCE - FILING PROCEDURES RATES, RATING  
RULES, RELATIVITIES AND SUPPLEMENTARY RATING INFORMATION**

The following procedures and guidelines apply only to those property and casualty rate, rating rule and supplementary rating information filings which adopt the prospective loss costs methodology and which are submitted to the Massachusetts Insurance Division, with the exception of private passenger automobile insurance, workers compensation insurance, and residual markets insurance.

For definitions of various terms used in this bulletin, refer to Section V. on pages 4-5 of this bulletin.

I. **EFFECTIVE DATE OF Bulletin SRB-90-05:** This Bulletin shall be effective as of March 1, 1991 for all property and casualty insurance filings subject to this bulletin.

II. **RATES/LOSS COSTS**

A. **Rating Organization Action**

\_\_\_\_\_ For all lines of insurance to which this bulletin applies, rating organizations may develop and file with the Commissioner of Insurance a reference filing containing advisory prospective loss costs and the supporting actuarial and statistical information for any calculations or assumptions underlying such loss costs.

Such a reference filing shall be filed, reviewed and become effective in accordance with Massachusetts General Laws applicable to rate filings and the requirements of this bulletin but shall not be submitted on behalf of the rating organization's participating insurers.

\_\_\_\_\_ Each rating organization will submit to the Commissioner a list of its members, subscribers and service purchasers that are authorized to reference the rating organization's loss cost filings for each line of insurance. This list will be updated by the rating organization from time to time, as necessary.

\_\_\_\_\_ The rating organization may print and distribute manuals of prospective loss costs, as well as rules and other supplementary rating information as described in other sections of this bulletin.

B. **Insurer Filing Procedures**

\_\_\_\_\_ Each insurer must determine the final rates it will file with the Commissioner and the effective date of any rate changes it proposes. Such filings will be made in accordance with the following procedures:

- \_\_\_\_\_ 1. Following a Rating Organization's Reference Filing, if an insurer elects to use the prospective loss costs to revise its rates, then the insurer must file a Reference Filing Adoption Form with the Commissioner, including its effective date, and the rating organization's reference filing number.
- \_\_\_\_\_ 2. Additionally, an explanatory memorandum should highlight and explain any other changes being proposed, such as independent rules, rating plans, etc.
- \_\_\_\_\_ 3. The insurer's filed loss costs adjustments, once effective, will remain in effect until revised loss cost adjustments become effective, or it is determined that such adjustments do not comply with Chapter 174A or Chapter 175A. When the rating organization files and receives an effective date for a prospective loss cost filing and the insurer wishes to adopt these loss costs, the insurer must make an updated loss cost adjustments filing.
- \_\_\_\_\_ 4. If the insurer elects not to use the rating organization's loss costs filing, then the insurer does not file anything with the Commissioner, and can continue to use all rates and deviations filed for its use until they are disapproved or expire.

### C. **Insurer Final Rates and Minimum Premiums**

To the extent that an insurer's final rates are determined solely by applying its loss cost adjustments to the prospective loss costs contained in a rating organization's reference filing and printed in the rating organization's manual, the insurer need not develop or file its final rate pages with the Commissioner. If the rating organization does not print the loss costs in its manual, the insurer must submit its rates to the Commissioner.

\_\_\_\_\_ If an insurer wishes to use minimum premiums, it must file the derivations for minimum premiums, any supporting information and the minimum premium rules it proposes to use. An insurer may also file to affirm continued use of the minimum premiums and minimum premium rules currently filed on its behalf by a rating organization. Subsequent changes to minimum premiums or minimum premium rules must be filed and supported by the insurer.

## III. **RULES, RELATIVITIES AND SUPPLEMENTARY RATING INFORMATION**

### A. **Rating Organization Action**

\_\_\_\_\_ A rating organization may submit to the Commissioner any filing which contains revisions to rules, relativities and supplementary rating information, including revisions to policy writing rules; rating plans, classification codes and descriptions, territory codes and descriptions, and rules which include factors or relativities and any other similar factors.

Filings made by the rating organization which include the above are made on behalf of those insurers which have authorized the rating organization to file such rules, relativities and other supplementary rating information on their behalf.

\_\_\_\_\_ The rating organization shall submit to the Commissioner a list of all insurers who have given the rating organization the authority to file on their behalf. Such list shall be updated periodically by the rating organization.

\_\_\_\_\_ Rating organizations may print and distribute manuals of rules, relativities, and other supplementary rating information.

### B. **Insurer Filing Procedures**

If an insurer has authorized a rating organization to file on its behalf as above, and, a new filing of rules, relativities or other supplementary rating information is made by the rating organization, insurers shall file according to the following procedures:

1. If the insurer decides to use the revisions and the effective date as filed, then the insurer does not file anything with the Commissioner.

\_\_\_\_\_ 2 If the insurer decides to use the revisions as filed but with a different effective date, the insurer must notify Commissioner of its effective date before the rating organization's effective date.

\_\_\_\_\_ 3. If the insurer elects not to use the revision, the insurer must notify the Commissioner before the rating organization's effective date.

\_\_\_\_\_ 4. If the insurer elects to use the revision with modification, the insurer must file the modification with the Commissioner, specifying the basis for the modification.

## IV. **DOCUMENTATION OF FILINGS -SUPPORTING INFORMATION**

Submissions made by insurers referencing rating organization loss cost filings as outlined in this Bulletin require the inclusion in the insurer's filing of a Reference Filing Adoption Form. Notwithstanding the inclusion of this form in an insurer's rate filing, the insurer is not relieved of submitting other detailed supporting information when requested to do so by the Commissioner.

The following generally are the types of additional supporting information which will be required of insurers:

- \_\_\_\_\_ 1. Actual insurer expenses for Massachusetts, if available, or countrywide expenses for each of the latest three years, as filed in the company Insurance Expense Exhibit for the line of insurance to which the filing applies. The three year average must also be shown. The data should be shown separately for each category of expenses.
- \_\_\_\_\_ 2. The proposed expense components, with an explanation as to why they have been selected.
- \_\_\_\_\_ 3. Unless the rating organization specifies a rule in the appropriate manual for the calculation of rates, the insurer must explain how it calculates its rates.
- \_\_\_\_\_ 4. The rates may contain an allowance permitting a loading for underwriting profit. In determining such a loading, the total return on equity or net worth will be the measure of reasonableness. All underwriting profit determinations must detail the total return on equity or net worth and how this follows from the underwriting profit loading.

## V. **DEFINITIONS**

**"Loss Trending"** means any procedure for projecting developed losses from the experience period to the average date of loss for the period during which the policies are to be effective.

**"Rating organization"** means an organization licensed pursuant to Section 8 of Chapter 174A of the Massachusetts General Laws.

**"Expenses"** means that portion of a rate attributable to commissions and brokerage, other acquisition expenses, general expenses, and taxes, licenses, and fees.

**"Underwriting Profit"** means that a portion of a rate, that when considered with investment and other income, provides an appropriate total return on equity or net worth.

**"Prospective Loss Costs"** means that portion of a rate that does not include provisions for expenses (other than loss adjustment expenses) and underwriting profit, and which is based on historical aggregate losses and loss adjustment expenses adjusted through development to their ultimate value and projected through loss trending to a future point in time.

**"Rate"** means the cost of insurance per exposure unit, whether expressed as a single number or as prospective loss cost and an adjustment to account for the treatment of expenses and underwriting profit prior to any application of modification for individual risk variations based on loss or expense considerations, and does not include minimum premiums.

**"Supplementary Rating Information"** includes any manual or plan of rates, classification, rating schedule, policy fees, rating rule, rate-related underwriting rule, experience rating plan, schedule rating plan, expense modification plan, statistical plan, and any other similar information needed to determine the applicable rate in effect or to be in effect. Supplementary rating information also includes factors and relativities, such as increased limits factors, classification relativities, deductible relativities or similar factors.

**"Supporting Information"** includes (1) any data relied upon by the filer, (2) the interpretation of any data relied upon by the filer and (3) descriptions of methods and judgments used, and (4) any other additional information required to be filed by the commissioner.

**"Loss Cost adjustment"** means a multiplicative and/or additive factor that, when applied to rating organization's prospective loss costs, produces an insurer's manual rate. Loss cost adjustments reflect any modification of the rating organization's prospective loss costs made by an insurer, and an insurer's expense and profit provisions.



COMMONWEALTH OF MASSACHUSETTS

INSURER RATE FILING- ADOPTION OF RATING ORGANIZATION ADVISORY  
PROSPECTIVE LOSS COSTS: REFERENCE FILING ADOPTION FORM

PROPOSED EFFECTIVE DATE: \_\_\_\_\_

1. INSURER NAME/ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

PERSON RESPONSIBLE FOR FILING:

TITLE \_\_\_\_\_ TELEPHONE \_\_\_\_\_

2. INSURER NAIC NUMBER: GROUP # \_\_\_\_\_ COMPANY # \_\_\_\_\_

3. LINE/SUBLINE OF INSURANCE: \_\_\_\_\_

4. RATING ORGANIZATION: \_\_\_\_\_

5. RATING ORGANIZATION REFERENCE FILING # \_\_\_\_\_

6. The above insurer hereby declares that it is a member, subscriber or service purchaser of the named rating organization for this line of business. The insurer hereby files to be deemed to have independently submitted as its own filing the prospective loss costs in the captioned Reference Filing.

7. PROPOSED RATE LEVEL CHANGE: \_\_\_\_% EFFECTIVE DATE \_\_\_\_

8. LAST RATE LEVEL CHANGE: \_\_\_\_% EFFECTIVE DATE \_\_\_\_

9. Loss Costs Adopted:

A. The insurer hereby files to adopt the prospective loss costs in this reference filing (CHECK ONE):

\_\_\_\_\_ Without modification, (enter a factor of 1.000 on line 9B below).

\_\_\_\_\_ With the following modification(s), (Cite the nature and percent modification and attach supporting data and/or rationale for the modification.)

B. Loss Cost Modification Expressed as a Factor:

\*Examples: If your company's loss cost modification is: -10%, show a factor of .90, i.e. (1.00 -.10). If it is + 15%, show a factor of 1.15, i.e. (1.00 + .15).

**Note:** IF A FIXED EXPENSE APPROACH IS USED, DO NOT COMPLETE ITEMS 10-13 BELOW. INSTEAD ATTACH DOCUMENTATION DETAILING FINAL RATE DETERMINATION.

10. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.)

	Selected Provisions
A. Commissions	_____ %
B. Other Acquisition Expense	_____ %
C. General Expense	_____ %
D. Taxes, Licenses & Fees	_____ %
E. Underwriting Profit	_____ %
F. Other (explain) _____	_____ %
G. TOTAL	_____ %

11. Expected Loss Ratio (decimal form) =  $[1.0 - 10G]$  = \_\_\_\_\_

12. Indicated Company Loss Cost Multiplier (9B)/(11) \_\_\_\_\_

13. Company Selected Loss Cost Multiplier = \_\_\_\_\_

\*\*Explain on next page if different from Item 12.

**COMMONWEALTH OF MASSACHUSETTS**

INSURER RATE FILING- ADOPTION OF RATING ORGANIZATION ADVISORY PROSPECTIVE  
LOSS COSTS: REFERENCE FILING ADOPTION FORM

ADDITIONAL COMMENTS/DOCUMENTATION

**SRB-CR-1- (07/01)**  
**MASSACHUSETTS DIVISION OF INSURANCE**  
**CONSENT TO RATE FORM**

TO: MASSACHUSETTS DIVISION OF INSURANCE      DATE: \_\_\_\_\_  
PROPERTY/CASUALTY POLICY REVIEW  
STATE RATING BUREAU  
ONE SOUTH STATION      EFFECTIVE DATE OF POLICY: \_\_\_\_\_  
BOSTON, MA 02110-2208

FROM: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_ E-MAIL \_\_\_\_\_  
(Insurance Company)

TO WHOM IT MAY CONCERN:

The undersigned hereby makes an appeal under the provisions of Section 6 (d) of Chapter 174A or 175A for approval of rates in excess of those filed with the Massachusetts Division of Insurance:

1. INSURED'S NAME IN FULL \_\_\_\_\_
2. LOCATION OF RISK \_\_\_\_\_  
\_\_\_\_\_
3. INSURED'S DIRECT TELEPHONE NUMBER \_\_\_\_\_
4. RISK CLASSIFICATION \_\_\_\_\_
5. LINE OF INSURANCE TO WHICH APPEAL APPLIES \_\_\_\_\_
6. MANUAL RATE(S)/COVERAGE \_\_\_\_\_ / \_\_\_\_\_, \_\_\_\_\_ / \_\_\_\_\_
7. PROPOSED RATE(S)/COVERAGE \_\_\_\_\_ / \_\_\_\_\_, \_\_\_\_\_ / \_\_\_\_\_
8. REASON(S) FOR EXCESS RATE  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The information requested below must be completed by the insured.

**I hereby verify that the foregoing statements are true.**

**I am aware that coverage at filed rates may be available from an alternative carrier.**

SIGNATURE OF INSURED \_\_\_\_\_  
NAME/ADDRESS OF AGENT OR BROKER \_\_\_\_\_

\*\*\*\*\*

APPROVE \_\_\_\_\_ DECLINE \_\_\_\_\_ (DOI USE ONLY)

**SRB-CR-2 (07/01)**  
**MASSACHUSETTS DIVISION OF INSURANCE**  
**RESTRICTION OF COVERAGE ENDORSEMENT**

**NOTE: This form should be kept in a central location at the company so that this form and all other such forms are readily available for inspection by the Commissioner of Insurance or his/her designee. This form should not be submitted to the Division of insurance for approval.**

Insurance Company \_\_\_\_\_

The undersigned Named Insured has requested that coverage for the policy being issued, and to which this endorsement is attached, be restricted so as to afford coverage to the remaining exposure at standard rates issued by the above company. The details of the restriction(s) applicable are contained on the reverse side of this endorsement and any attachments hereto. The following general information is offered below:

1. Name Insured \_\_\_\_\_
2. Mailing Address \_\_\_\_\_ Telephone \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Name of Agent/Broker \_\_\_\_\_
4. Agent Address \_\_\_\_\_ Telephone \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Type of Insurance Policy \_\_\_\_\_
6. Policy Number \_\_\_\_\_ New or Renewal \_\_\_\_\_
7. Inception/Expiration Dates \_\_\_\_\_
8. Effective Date of this Endorsement \_\_\_\_\_
9. Location of Risk if different from mailing address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Type of Risk (commercial exposures only) \_\_\_\_\_

\*\*\*\*\*

I am unable to obtain insurance coverage of the type noted above at the standard rates usually applicable to this type of coverage, due to the existence of hazards detailed on the reverse side of this endorsement. Rather than pay a higher premium for the standard coverage, I request approval of the restrictions noted on the reverse.

\_\_\_\_\_  
(Insured's Name)

\_\_\_\_\_  
(Insured's Signature)

\_\_\_\_\_  
(Date)

**SRB-CR-2(07/01)**  
**MASSACHUSETTS DIVISION OF INSURANCE**  
**RESTRICTION OF COVERAGE ENDORSEMENT**

DETAILS OF RESTRICTION(S)

**I. PROPERTY AND OTHER FIRST PARTY INSURANCE COVERAGES:**

Detail below the type(s) or item(s) of coverage to be restricted, as well as the underwriting reasons which underlie the restriction(s). In the case of Property insurance, attach a copy of any detailed inspection or survey form upon which the decision to offer restricted coverage was based. For Homeowners and/or Dwelling Fire and Allied Lines attach a (black and white) photograph of any structures restricted from coverage.

---

---

---

---

---

**II. LIABILITY INSURANCE COVERAGES**

Detail below any hazards which are to be specifically restricted from Bodily Injury and/or Property Damage Liability coverage. At a minimum, the information should include Type of Hazard and Insurance Claim history. In the case of vicious animals, please also provide information as to physical description (breed/age/color, etc.) as well as animal's name and license number (where required). If no actual historical loss data is available, attach any other documentation that underlies the decision to restrict coverage in this regard.

---

---

---

---

---

PERSON COMPLETING THIS ENDORSEMENT \_\_\_\_\_  
(print or type)

SIGNATURE OF ABOVE \_\_\_\_\_ DATE \_\_\_\_\_

TITLE OF ABOVE \_\_\_\_\_

NAME OF OFFICER RESPONSIBLE \_\_\_\_\_  
(print or type)

**SRB-DV-1 (07/01)**  
**MASSACHUSETTS DIVISION OF INSURANCE**  
**DEVIATION ABSTRACT - RATES, RULES AND PLANS**

COMPANY

NAIC #

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BUREAU FILING OR PROGRAM DESIGNATION \_\_\_\_\_

EFFECTIVE DATE OF BUREAU FILING/PROGRAM \_\_\_\_\_

UNIFORM % DEVIATION \_\_\_\_\_ OTHER (EXPLAIN) \_\_\_\_\_

LINE/SUBLINE OF INSURANCE \_\_\_\_\_

LATEST YEAR DIRECT MASSACHUSETTS WRITTEN PREMIUM \_\_\_\_\_

\*\*\*\*\*

1. WHICH CATEGORY FITS THE DESCRIPTION OF THIS DEVIATION?

\_\_\_\_\_ RATES \_\_\_\_\_ RATING RULES \_\_\_\_\_ RATING PLAN

2. FROM WHICH RATING BUREAU ARE YOU DEVIATING? \_\_\_\_\_

3. IS THIS A NEW, AMENDED OR RENEWAL DEVIATION?

\_\_\_\_\_ NEW \_\_\_\_\_ AMENDED \_\_\_\_\_ RENEWAL

4. WHAT EFFECTIVE DATE IS REQUESTED? \_\_\_\_\_

5. IF RENEWAL, WHEN DID DEVIATION FIRST TAKE EFFECT? \_\_\_\_\_

NOTE: DEVIATIONS CANNOT BE RENEWED IF BUREAU PROGRAM RATES,  
RULES OR PLANS WERE REVISED DURING DEVIATION PERIOD OR IF  
BUREAU RATES WERE SUPERSEDED BY LOSS COSTS.

6. MOST RECENT 5 YEAR HISTORY OF DEVIATION (AMENDED OR RENEWAL  
RATE DEVIATIONS ONLY). BEGIN WITH MOST RECENT YEAR:

YEAR	%DEVIATION	BUREAU PROGRAM EFFECTIVE DATE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**SRB-DV-1 (07/01)**  
**MASSACHUSETTS DIVISION OF INSURANCE**  
**DEVIATION ABSTRACT - RATES, RULES AND PLANS**

7. FIVE YEAR MASSACHUSETTS PREMIUM/LOSS EXPERIENCE (For Line /Subline):

YEAR	EARNED PREMIUM	INCURRED LOSSES	LOSS RATIO
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. MOST RECENT EXPENSE PROVISIONS (Insurance Expense Exhibit):

General Expense \_\_\_\_\_ Commissions/Brokerage \_\_\_\_\_ Other Acquisition \_\_\_\_\_  
Premium Tax \_\_\_\_\_ Licenses/Fees \_\_\_\_\_ Underwriting Profit \_\_\_\_\_ Other \_\_\_\_\_

9. IF THIS DEVIATION APPLIES TO RATING RULES FILED ON YOUR BEHALF, USE THE SPACE BELOW TO SUMMARIZE THE RULES:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. IF THIS DEVIATION APPLIES TO A RATING PLAN FILED ON YOUR BEHALF, USE THE SPACE BELOW TO SUMMARIZE THE DEVIATION:

\*\*\*\*\*

PERSON COMPLETING THIS ABSTRACT \_\_\_\_\_

(print or type)

TITLE \_\_\_\_\_ E-MAIL \_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

CERTIFICATION

I certify that the information contained on this abstract is true. I further certify that the Division of Insurance will be notified, in writing, should the company wish to withdraw the deviation requested herein.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Name and Title of Authorized Representative (print or type)



**SRB-FE-1- (07/01)**  
**MASSACHUSETTS DIVISION OF INSURANCE**  
**INDEPENDENT PROGRAMS - ABSTRACT**

COMPANY

NAIC #

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LINE OF INSURANCE TO WHICH PROGRAM APPLIES: \_\_\_\_\_

COMPANY NAME OF PROGRAM \_\_\_\_\_

TYPE OF PROGRAM \_\_\_\_\_  
(new, amended, supplement)

IS PROGRAM OR AMENDMENT APPROVED IN DOMICILE STATE? \_\_Y\_\_N

IN HOW MANY JURISDICTIONS HAS PROGRAM BEEN FILED? \_\_\_\_\_

NUMBER APPROVED AS FILED \_\_\_\_\_ APPROVED AFTER AMENDMENT \_\_\_\_\_

NUMBER DISAPPROVED \_\_\_\_\_ STATES DISAPPROVING \_\_\_\_\_,  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,

SUMMARY OF REASONS FOR DISAPPROVALS IN STATES LISTED ABOVE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

\_\_\_\_\_  
Name and Title of Authorized Representative (print or type)

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone #

\_\_\_\_\_  
E-Mail

**SRB-FE-2 (07/01)**  
**MASSACHUSETTS DIVISION OF INSURANCE**  
**BUREAU-COMPATIBLE PROGRAMS - RULES AND FORMS**

COMPANY

NAIC #

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

Dear Commissioner:

We are \_\_\_\_\_ of \_\_\_\_\_ and have given it  
(members/subscribers) (name of rating bureau)  
authority to file on our behalf \_\_\_\_\_  
(rates/rules/forms)  
for the \_\_\_\_\_,  
\_\_\_\_\_ lines of insurance.

Your Division approved or acknowledged the following bureau filings which apply to  
\_\_\_\_\_  
(line of insurance or subline)

BUREAU FILING DESIGNATION

APPROVED EFFECTIVE DATE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This is to inform you that we (will/will not) be adopting the above filings or substantively similar elements of the above filings as noted by the information provided below and certified by an authorized representative of the company(ies):

CHECK ALL THAT APPLY:

1. \_\_\_\_ We are not adopting the filings(s) noted above
2. \_\_\_\_ We intend to adopt the filing(s) noted above but intend to use the following effective date \_\_\_\_\_

**SRB-FE-2 (07/01)**  
**MASSACHUSETTS DIVISION OF INSURANCE**  
**BUREAU-COMPATIBLE PROGRAMS - RULES AND FORMS**

3. \_\_\_\_ We are adopting the filing(s) noted above but have modified the filed material in the following manner.
- a. \_\_\_\_ Company logo or other identifying material is added.
  - b. \_\_\_\_ We will use \_\_\_\_\_ as the marketing name of our Program.
  - c. \_\_\_\_ Our forms/endorsements have different titles and/or reference numbers than those used by the bureau. Attached is a listing of our forms/endorsements, their titles and numbers, with the bureau counterpart shown.
  - d. \_\_\_\_ We will use the filed material as noted above but have reformatted the material to suit our own preferences. Attached is a sample page of our format along with the corresponding page of the bureau's format for comparison purposes.
  - e. \_\_\_\_ We will use the filed material unmodified with the exception of the enclosed information which clearly identifies those areas where our language will depart from the material filed on our behalf. Where the modified material exceeds 10 pages, we have enclosed a side-by-side comparison of our modifications with the corresponding bureau elements.
  - f. \_\_\_\_ We will be using the material filed as noted above but enclose supplementary material we intend to use with our program, which has not been filed by the bureau. Where this material applies to an existing approved company program,, and where the material exceeds 10 pages, we are enclosing a side-by-side comparison highlighting the differences between the enclosed supplementary material with that already on file. In the case of Personal Lines coverage forms and endorsements, we also certify that such supplementary material meets the minimum readability requirements of Section 2B of M.G.L. Chapter 175.
  - g. \_\_\_\_ Other (explained below):

---

---

---

---

**CERTIFICATION**

I certify that the information provided on this form accurately represents the intent of the companies listed on the front page of the form with regard to its action(s) relative to the subject bureau filing(s).

I further certify, where the rating bureau noted on the front of this form is also the statistical agent for the companies, that to the extent any modifications or supplements enclosed affect the statistics otherwise reportable, the statistical agent considers these effects to be negligible.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Title of Authorized Representative (print or type)

\_\_\_\_\_  
Name and Title of Person completing this Form (print or type)

\_\_\_\_\_  
E-Mail